

2024 BUS TRANSPORT APPLICATION FORM

Date: ____/____/____

Student Information

Surname _____ First Name _____ Year Level _____

Surname _____ First Name _____ Year Level _____

Surname _____ First Name _____ Year Level _____

Surname _____ First Name _____ Year Level _____

Family Information

Parent/Guardian Surname _____ Parent/Guardian First Name/s _____

Residential Address _____

Email Address _____ Mobile Number _____

Details of Bus Transport Required

Monday to Friday (when applicable) ☐ FULL TIME or Permanent Part Time ☐ AM ONLY ☐ PM ONLY

Further Details, i.e. set patterns, closest bus stop name if know, sibling already traveling, _____

Date of first bus trip: ____/____/____ AM or PM: _____ Currently on Bus # _____

(Please consider the actual first date so I can pre set RollCall, and AM or PM of first trip)

Please Note: Completion of this form does not guarantee a position on a bus for transport. We have main routes we keep to, but we will endeavour to accommodate your bus transport requirements. Please check our buses web page www.suncoastcc.qld.edu.au/parent-services/dedicated-bus-fleet/ for current bus stop locations. Please contact the Transport Manager, Andy James, on the email below for locations not close to a current stop. Please see the Conditions of Use via the buses web page, and the Bus Traveler Code of Conduct via SEQTA. Any additional travel outside of AM ONLY or PM ONLY needs to be paid for via Flexischools before travel. Applications for the following school year have a shut off date of 31st December to allow time for any route adjustments, route time planning and driver training. Please ensure applications are in as soon as possible as applications are processed in order received.

OFFICE USE ONLY

Bus Stop			
Bus #		Added to Wait List	
Added to Role		Advised Family	
Advised Business Office		Advised Bus Driver	
Start Date		\$ Quoted – Zone	

Please return form via email to transportmanager@suncoastcc.qld.edu.au.